

P04 000133964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000041840080

11/01/04--01014--001 \*\*35.00

FILED  
04 NOV - 1 AM 8 49  
SECRETARY OF STATE  
TALLAHASSEE, FL 32311

11-9  
off/dir  
resig

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA RE-LEAF, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P04000133964

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMEN PULIDO

(Name of Person)

FLORIDA RE-LEAF, INC.

(Name of Firm/Company)

320 S. FLAMINGO RD., #148

(Address)

PEMBROKE PINES, FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN PULIDO

at ( 954 ) 435-7419

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CONNIE SCHRIDER, hereby resign as VICE PRESIDENT  
(Title)

of FLORIDA RE-LEAF, INC.  
(Name of Corporation)

P04000133964, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Connie Schrider  
(Signature of resigning officer/director)

**FILED**  
04 NOV -1 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

*EFFECTIVE*  
*12-25-04*